

January 16, 1998

SMOKING POLICIES FOR PATIENTS IN VA HEALTHCARE FACILITIES

1. **PURPOSE**: This Veterans Health Administration (VHA) Directive provides smoking policies for patients in Department of Veterans Affairs (VA) healthcare facilities.
2. **POLICY**: It is VA policy that each VA healthcare facility must establish and maintain a smoking area in a detached building that is accessible, heated and air conditioned. The detached building must meet the Joint Commission on Accreditation of Healthcare/Hospital Organizations (JCAHO) and Occupational Safety and Health Administration (OSHA) requirements for ventilation.
3. **ACTION**
 - a. VA medical facility Directors may allow smoking on the grounds to the extent that it does not interfere with safety and public access. Entrances, particularly main entrances, to a health-care building are not "grounds" for smoking and should not be used as an approved smoking area. The detached building or designated open areas on the grounds are to be used for smoking.
 - b. VA healthcare facilities that have formally recognized long-term care and/or mental health programs may establish and maintain an indoor smoking area where only these patients may smoke. The area must have a separate ventilation system that prevents smoke from entering other areas of the facility. ***NOTE: Every effort should be made to ensure that any indoor smoking location will not interfere with the safety of non-smokers.***
 - c. Enforcement is an integral component of the program. Essential steps are as follows:
 - (1) The first step toward enforcement is to communicate the smoke-free policy to patients, visitors, volunteers and employees both verbally and in writing.
 - (2) All employees are asked to assist in enforcing the policy, the same as many other policies are enforced throughout a VA healthcare facility.
 - (3) Friendly reminders to individuals not adhering to the policy are recommended. If verbal communication is ineffective, VA Form 6160, Courtesy Violation Notice, is to be used.
 - d. Signs should be posted at each entrance to VA healthcare facilities indicating the facility is Smoke-Free and that smoking is allowed only in the designated Smoking Area. ***NOTE: A map showing the location of the detached building smoking area and any authorized open air location is highly recommended.***

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e. Acute care, ambulatory care, outpatients, and domiciliary patients are to use the detached building smoking area.

f. Readjustment Counseling Service Vet Centers are smoke-free facilities. Because of the potential for additional emotional and/or physiological stress among clients, consideration will be given to frequent breaks during counseling sessions to permit clients to leave the building to smoke. **NOTE:** *Participation in smoking cessation programs is to be encouraged.*

g. An aggressive educational effort stressing the benefits of quitting tobacco use with a strong emphasis on smoking cessation is to continue. Directors are encouraged to conduct their own smoking cessation programs. If local programs such as those sponsored by the American Cancer Society, American Heart Association, American Lung Association, etc., are available in the community, it would be appropriate to share smoking cessation activities with these programs in order to conserve resources.

h. Nicotine replacement therapy should be used only in conjunction with a behaviorally-based cessation program and then only with patients who have seriously expressed a commitment to quit smoking.

i. The Smoke-free Coordinator at each healthcare facility must be active to effect the success of the VA smoke-free program.

4. **REFERENCES**

- a. Public Law 102-585, Section 526.
- b. 1995 JCAHO Standard Management of the Environment of Care, E.C.5.

5. **FOLLOW-UP RESPONSIBILITY:** Office of Public Health and Environmental Hazards (134) is responsible for this Directive.

6. **RESCISSIONS:** VHA directive 10-95-003 is rescinded. This VHA directive will expire on January 16, 2003.

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